

09/701121

Vonda M. Walker  
Paralegal Specialist

POSITION

INITIALS

ID NO.

DATE

12/19/00

FEE DETERMINATION  
O.I.P.E. CLASSIFIER  
FORMALITY REVIEW  
RESPONSE FORMALITY REVIEW

# INDEX OF CLAIMS

✓ Rejected N Non-elected  
= Allowed I Interference  
- (Through numeral) Canceled A Appeal  
: Restricted O Objected

APPLICANTS A

Claim	Date	Claim	Date	Claim	Date
Final		Final		Final	
Original		Original		Original	
1	1/12/00	51		101	
2	1/12/00	52		102	
3	1/12/00	53		103	
4	1/12/00	54		104	
5	1/12/00	55		105	
6	1/12/00	56		106	
7	1/12/00	57		107	
8	1/12/00	58		108	
9	1/12/00	59		109	
10	1/12/00	60		110	
11	1/12/00	61		111	
12	1/12/00	62		112	
13	1/12/00	63		113	
14	1/12/00	64		114	
15	1/12/00	65		115	
16	1/12/00	66		116	
17	1/12/00	67		117	
18	1/12/00	68		118	
19	1/12/00	69		119	
20	1/12/00	70		120	
21	1/12/00	71		121	
22	1/12/00	72		122	
23	1/12/00	73		123	
24	1/12/00	74		124	
25	1/12/00	75		125	
26	1/12/00	76		126	
27	1/12/00	77		127	
28	1/12/00	78		128	
29	1/12/00	79		129	
30	1/12/00	80		130	
31	1/12/00	81		131	
32	1/12/00	82		132	
33	1/12/00	83		133	
34	1/12/00	84		134	
35	1/12/00	85		135	
36	1/12/00	86		136	
37	1/12/00	87		137	
38	1/12/00	88		138	
39	1/12/00	89		139	
40	1/12/00	90		140	
41	1/12/00	91		141	
42	1/12/00	92		142	
43	1/12/00	93		143	
44	1/12/00	94		144	
45	1/12/00	95		145	
46	1/12/00	96		146	
47	1/12/00	97		147	
48	1/12/00	98		148	
49	1/12/00	99		149	
50	1/12/00	100		150	

If more than 150 claims, please attach  
state additional sheet here.

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